APS EXPERIMENT SAFETY APPROVAL FORM

	Comple	eted by Ex	perime	enter				
	TE: This form is to be submitted to the CAT. No ex	periment wi	ll be allo	wed to run				
	riment safety approval form has been posted by an	APS Floor C	Coordinat	or. Approv	val is valid	l for a max	kimum o	f six
mon	ths from the CAT approval date.							
1.	Beamline Station (Sector - BM or ID - station,	. e.g., 17-ID-B):			Date submitted:			
	_				zac sasmittu.			
2.	Experiment title:							
3a.	Experiment spokesperson and alternates: (Na	ame, Institu	tion, E-m	nail, and Te	lephone)			
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3D.	List all other experimenters (names and insti	tutions) we	orking a	t the APS	(attach se	cona sneet	t ii need	ea):
4 .	Materials List samples and chemicals to be used a	and check ap	propriat	e boxes rega	arding knov	vn hazards:		
		hazardous		Known	Hazards			Dispose
	Name of material	(Y or N)	toxic	bio hazard	flammable	radioactive	other ¹	at ANL ²
1								
2								
			II.					
3								
3	s. 1 Describe other known bazards in User comment sect	ion						
3	s: 1 Describe other known hazards in User comment sect 2 Check if you plan to dispose of the material at ANL,		te or efflu	ent, at the er	nd of the exp	eriment.		
3 4 Note	s: 1 Describe other known hazards in User comment sect 2 Check if you plan to dispose of the material at ANL, dditional materials continued on attachment		te or efflu	ent, at the er	nd of the expe	eriment.		
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3 4 Note: □ a	2 Check if you plan to dispose of the material at ANL,	as either was						
3 4 Note: □ a 5.	2 Check if you plan to dispose of the material at ANL, dditional materials continued on attachment Equipment to be used in the experiment that i	as either was s not a per		part of the	e beamline		al 🗆	other
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name (print) signature date

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